



Statewide Health Care Core Measure Set  
**Technical Work Group on Acute Care Measures**

Meeting #7: Thursday, October 16, 2014

9:00 – 11:00 am

Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group. Workgroup members introduced themselves. Meeting attendance is recorded on page two of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at <a href="mailto:sdade@wahealthalliance.org">sdade@wahealthalliance.org</a>
II. Review of Outstanding Measures	Ms. Dade discussed the status of Behavioral Health measures. The Chronic Care Workgroup moved the SBIRT measure to the high priority list for future development. A vote of the Acute Care Workgroup was conducted via email on 10-15-14 regarding Follow-Up After Hospitalization for Mental Illness and 30 Day Psychiatric Readmissions measures. Based on the vote of workgroup members, both measures will be on the recommended starter set.
III. Review of Scoring	Ms. Dade asked the Acute Workgroup if they would recommend any changes to the scoring document. No Workgroup members suggested any changes to the scoring.
IV. Discussion of Final Report	<p>Ms. Dade described proposed suggestions from the other two workgroups for changing the format of the final report. The Acute Care Workgroup made a number of additional suggestions which will be incorporated into the document before it is finalized and mailed to the PMCC next week. In terms of the prioritization of future cost of care measures, the Workgroup suggested being clearer that there was little difference in how they were prioritized and ALL three are considered a high priority.</p> <p>Dr. Mark Delbecarro asked why there is no well-child visit measure for children during the first two years of life, noting that there are key developmental issues in the first two years of life that make well-visits important. Ms. Dade described the discussion that occurred at the Prevention Workgroup, noting the other early childhood measures such as childhood immunization status and child access to primary care that are on the starter set. Dr. Delbecarro asked to go on record noting that he thinks this is an important gap in the measure set and suggests it be a priority for a future iteration of the measure set.</p>
V. Next steps and wrap-up	The Performance Measurement Coordinating Committee is meeting on October 31 <sup>st</sup> from 8:30 AM-12:00 PM. If needed, the Acute Workgroup will meet again on November 5 <sup>th</sup> , from 9:00-11:00 AM. A decision on whether to meet will be based on the feedback from the PMCC. Ms. Dade noted that she did believe that the Workgroup will meet on December 2 <sup>nd</sup> to discuss feedback from the public comment.

**October 16, 2014 Attendance/Committee members:**

**Attendance/Workgroup members:**

Committee Member	Organization	ATTENDED by Webinar/Phone	DID NOT ATTEND
Connie Davis	Skagit Regional Health	X	
Mark Delbeccaro	Seattle Childrens	X	
Tim Delit	University of Washington		X
Sue Dietz	Critical Access Hospital Network	X	
Jennifer Graves	Washington State Nurses Association	X	
Patrick Jones	Eastern WA University Institute for Public Policy & Economic Analysis		X
Kim Kelley	WA State Department of Health	X	
Dan Kent	Premera Blue Cross	X	
Michael Myint	Swedish Health Services		X
Terry Rogers	Foundation for Healthcare Quality		X
Carol Wagner	Washington State Hospital Association		X

**Attendance/Staff:**

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Laura Pennington	WA State Health Care Authority
Beth Waldman	Bailit Health Purchasing

**Attendance/Other (Public):**

Ann Christian, Washington Community Mental Health Council  
Cheryl Farmer, WA State Department of Health  
David Mancuso, WA State Department of Social and Health Services  
Tina Shoemaker, Snoqualmie Valley Hospital  
Ann Simons, GlaxoSmithKline

**October 16, 2014--** The following measures have been reviewed and considered **YES**: (N=15)

#	Measure Name	NQF Number	Steward	Category	Type of Data	Description
<u>20</u>	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
<u>118</u>	Use of Image Studies for Low Back Pain	0052	NCQA	Avoidance of Overuse	Claims	This measure calculates the percentage of patients 18-50 years with a diagnosis of lower back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.
<u>49</u>	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge
<u>H-41</u>	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.

#	Measure Name	NQF Number	Steward	Category	Type of Data	Description
<u>H-63</u>	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Comm.	Obstetrics	Claims and Clinical	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.
<u>H-28</u>	HCAHPS  - Communication about Medicines - Discharge Information	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites Workgroup selected two in particular: Communication about Medicines and Discharge Information as they relate specifically to improving care transitions and reducing hospital readmissions.
<u>14</u>	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
<u>H-99</u>	STK-4: Thrombolytic Therapy	0437	The Joint Comm.	Stroke	Clinical	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.

#	Measure Name	NQF Number	Steward	Category	Type of Data	Description
<u>H-20</u>	HAI-2 CAUTI: Catheter-Associated Urinary Tract Infection	0138	CDC	Patient Safety	Clinical	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: <ul style="list-style-type: none"> <li>• Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries])</li> <li>• Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations</li> <li>• Other inpatient locations (excluding Level I and Level II nurseries).</li> </ul>
<u>248</u>	Falls with Injury per Patient Day (adult acute care and rehab only)	0202	WA DOH/ American Nurses Assoc	Patient Safety	Clinical	Falls with Injury per patient day (adult acute care and rehab only)
<u>94</u>	30-day All-Cause Hospital Readmissions	1768	NCQA	Hospital Readmission/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: <ol style="list-style-type: none"> <li>1. Count of Index Hospital Stays (denominator)</li> <li>2. Count of 30-day readmissions (numerator)</li> <li>3. Average Adjusted Probability of Readmission</li> </ol>
<u>247</u>	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	NA	NA	Potentially Avoidable Care	EDIE	Percent of patients with 5 or more visits to the Emergency Room without a Care Guideline

#	Measure Name	NQF Number	Steward	Category	Type of Data	Description
<u>H-69</u>	Potentially Avoidance ED Visits	NA	Medi-Cal	Potentially Avoidable Care	Claims	Avoidable emergency visits
H-75	PSI-90 Complications/Patient Safety for Selected Indicators (composite)	0531	AHRQ	Patient Safety	Claims	<p>A composite measure of potentially preventable adverse events for selected indicators The weighted average of the observed-to-expected ratios for the following component indicators:</p> <ul style="list-style-type: none"> <li>• PSI #3 Pressure Ulcer Rate</li> <li>• PSI #6 Iatrogenic Pneumothorax Rate</li> <li>• PSI #7 Central Venous Catheter-Related Blood Stream Infection Rate</li> <li>• PSI #8 Postoperative Hip Fracture Rate</li> <li>• PSI #9 Perioperative Hemorrhage or Hematoma Rate</li> <li>• PSI #10 Postoperative Physiologic and Metabolic Derangement Rate</li> <li>• PSI #11 Postoperative Respiratory Failure Rate</li> <li>• PSI #12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</li> <li>• PSI #13 Postoperative Sepsis Rate</li> <li>• PSI #14 Postoperative Wound Dehiscence Rate</li> <li>• PSI #15 Accidental Puncture or Laceration Rate</li> </ul>
TBD	30-Day Psychiatric Hospital Readmission Rate	N/A	DSHS	Behavioral Health	Claims	This is a modified version of NCQA's HEDIS "Plan All-Cause Readmission" measure to reflect the proportion of acute psychiatric inpatient stays during the measurement year that were followed by an acute psychiatric readmission within 30 days